

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Minnesota – Quality Improvement Based on the Values of People who Receive Supports

Issue: Quality Measurement Involving Volunteer Reviewers

Summary

Five southeastern Minnesota counties use a quality assurance review process for services for people with developmental disabilities that is replacing the state's licensing system on a trial basis. Volunteer reviewers evaluate all services for a person, working with the person and the individuals who provide supports for him or her, and identify exceptional practices and necessary improvements. The project has facilitated service improvements from several providers.

Introduction

Many states that license home and community-based service providers focus on ensuring that the providers meet minimum standards. These standards may not reflect the aspects of quality that are most important to people receiving supports. A pilot project in southeastern Minnesota (an area the state calls Region 10) has developed a quality assurance approach that focuses on matters important to people receiving supports and their families and provides a means of quality improvement.

This report is based on an independent evaluation of the project, which used extensive

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interviews, focus groups and reviews of written materials and project files. The evaluators interviewed staff of the Minnesota Department of Human Services (DHS),

project staff and volunteers, and people with developmental disabilities and their families from Region 10.

Background

Most paid providers of supportive services for people with developmental disabilities must be licensed in Minnesota. This requirement applies

to a wide array of services, including community residential services, day training and habilitation programs, and homemaker services. The Minnesota Department of Human Services (DHS) must evaluate providers periodically to determine whether a provider meets licensure requirements.

In 1995, people in Region 10 began meeting to discuss local efforts to further assure quality for services to people with developmental disabilities. The group, called "the Stakeholders Group", consisted of people with developmental disabilities, family members, legal representatives, advocates, support providers, and county staff. The group worked with area legislators to develop a project that could receive state funding. Initially conceived as a quality improvement project, it evolved into an alternative to the state licensing process as the legislature looked for ways to offset existing state costs through the program. Funding for the project began in July 1997.

Intervention

Legislation established the Region 10 Quality Assurance Commission to implement the pilot in counties within Region 10 that chose to participate. Commission members must represent four types of people who served on the Stakeholders Group: 1) advocates, 2) providers, 3) county staff, and 4) people receiving supports, their family members, and

legal representatives. The Commission also must have one person from DHS. The Commission oversaw development of a quality assurance process called the Value of Individual Choices and Experiences (VOICE) review.

VOICE is a comprehensive quality review of all services for an individual. Findings are assigned to eight domains of life and service, based on values expressed by people receiving supports, family members, and advocates. For each of the formal and informal providers serving the individual, the provider's contribution to that individual's experience of the given domain may receive a finding of E (exceptional), R (reasonable), I (improvement is needed), or C (concern is expressed that deficiencies may exist).

Two-person volunteer teams perform the reviews. Project staff trained volunteer trainers, who then trained the review teams. In each review, the team first reviews information provided by the individual's county case manager. The team then meets with the person's Quality Circle, which includes the person, the case manager, all formal providers,

Volunteer reviewers meet with the person, all formal providers, and others.

and other people involved with the person's life (including family, friends, and legal representatives). The team then meets separately with members of the circle. After the interviews, the circle meets again. The circle provides insight into what specifically adds value to that individual's life and what more could be done to increase an individual's quality of life. The circle works together to develop and implement an action plan if any provider receives a finding of "C" or "I" for a quality domain.

Minnesota legislation requires that at least 5% of the individuals supported by a licensed program (or a minimum of three individuals) must have participated in a VOICE review by the time the provider's license is up for review. Information generated from the VOICE reviews is brought to a Quality Assurance Review

Council, whose members are also drawn from the Stakeholders Group. This council also receives information from a review of procedural safeguards performed by project staff. The Quality Assurance Review Council makes licensure recommendations to the County Board (or its designee) of the county in which the provider is located, who makes recommendations to the state DHS. DHS has the ultimate decision regarding a provider's licensure. Providers may appeal licensure decisions using the same process available for other DHS licensure decisions.

Implementation

Two of the 11 counties in Minnesota's Region 10, Olmsted and Winona counties, initially chose to participate in the pilot. These counties include the largest cities in Region 10, Rochester and Winona. Three rural counties joined the project before July 2000. Members of the Quality Assurance Commission and other stakeholders, with the assistance of a consulting team with expertise in services for people with developmental disabilities, developed the VOICE review and licensing process from July 1997 to June 1998. Pilot tests of the VOICE review occurred between July and November 1998, with implementation starting in December 1998. Project costs from July 1997 through January 1999 were \$160,500.

The stakeholders reported the process facilitates quality improvement.

Project staff reported the grassroots development of the review tool was important for obtaining volunteers to conduct the reviews because people have invested in the process and want it to succeed.

Impact

Joelyn Malone and Dan Newman of Newman Associates evaluated the project for the Minnesota State Legislature in November 2000. Overall, people who receive supports and their families, providers, and other stakeholders interviewed for the evaluation were very satisfied that the program is its goals. The

stakeholders reported the process focuses on matters important to people who receive supports and families, and facilitates quality improvement. Providers were vocal supporters of the new system and gave many examples of how the program gives front-line workers, who are interviewed for the reviews and often conduct them, a more significant role in improving quality.

By September 2001, 92 VOICE reviews had been performed and 53 providers had been licensed or re-licensed under the system. Program costs in calendar year 2000, excluding development costs, were \$193,810. For the 66 providers in the demonstration counties at that time, the average annualized operational costs per provider was \$2,937. Program costs are

significantly higher than the state licensure program, however, VOICE reviews evaluate case management (which is not subject to DHS licensure reviews) and include interviews with family members that are often not part of the licensing process.

Contact Information

For additional information, please contact Cindy Ostrowski, Region 10 Quality Assurance Project Director, at 507-932-0292 or gacommis@rconnect.com, or Karen Pederson at the Minnesota Department of Human Services, 651-582-1151 or karen.pederson@state.mn.us. Online information about the project is available at <http://www.mn-voice.org>.

Some Discussion Questions:

How else could volunteers help improve quality of home and community-based services?

What are the disadvantages and advantages of evaluating providers based on person-centered reviews?

Joelyn Malone of Malone Consulting wrote this report, one of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.